

FILED JAN 2 1951		STANDARD CERTIFICATE OF DEATH		1003		State File No. 42820 10929	
BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5 North 9th</i>				d. STREET ADDRESS (If rural, give location) <i>5 North 9th</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Peter</i> b. (Middle) c. (Last) <i>Schwab</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>12 20 1950</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>		8. DATE OF BIRTH <i>2-4-1869</i>	
9. AGE (In years last birthday) <i>81</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired coal hauler</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13a. FATHER'S NAME <i>John Schwab</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Ruppert</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Joseph Winkelmann - 205 May Street</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <i>Arteriosclerotic Heart Disease</i>			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H200</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1108 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Edw. K. Schwan</i>				23b. ADDRESS <i>300 Clark A</i>		23c. DATE SIGNED <i>12/22/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-23-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter &amp; Pauls Cem</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>DEC 22 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edw. K. Schwan Son - 3516 N. 14th</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Ronald Q. Yohinke*

Signed.....

Student Embalmer

Licensed Embalmer No. *8917*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.